

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585286

FILING DATE

3-23-09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
11	1						
12	1						
13	12						
14	12						
15	0						
16	1						
17	1						
18	1						
19	0						
20							
21							
22							
23							
24	1						
25	1						
26	1						
27	3						
28	0						
29	1						
30	1						
31	3						
32	0						
33	0						
34	1						
35	1						
36	1						
37	2						
38	0						
39	0						
40	0						
41	0						
42	1						
43	1						
44	0						
45	0						
46	1						
47	1						
48	1						
49							
50	3	0					
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51		0					
52		0					
53	1						
54	1						
55	1						
56							
57	1	0					
58	0	0					
59	0	0					
60	0	0					
61	0	0					
62	0	0					
63	0	0					
64	0	0					
65	0	0					
66	0	0					
67	0	0					
68	0	0					
69	0	0					
70	0	0					
71	0	0					
72	0	0					
73	0	0					
74	0	0					
75	0	0					
76	0	0					
77	0	0					
78	0	0					
79	0	0					
80	0	0					
81	0	0					
82	0	0					
83	0	0					
84	0	0					
85	0	0					
86	0	0					
87	0	0					
88	0	0					
89	0	0					
90	0	0					
91	0	0					
92	0	0					
93	0	0					
94	0	0					
95	0	0					
96	0	0					
97	0	0					
98	0	0					
99	0	0					
100	0	0					
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							